

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G133		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 479 LEXINGTON ST CROWN POINT, IN 46307			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 24, 25, 26 and 27, 2012.</p> <p>Facility number: 000670 Provider number: 15G133 AIM number: 100234210</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 8/3/12 by Tim Shebel, Medical Surveyor III</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #3) to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/24/12 from 6:10 A.M. until 7:40 A.M.. At 7:00 A.M., Direct Support Professional (DSP) #1 was observed administering client #3's morning medication in the living room while clients #1 and #2 stood in the living room. DSP #1 named each of client #3's medication and the purpose of each medication while the other clients sat in the same room and could hear the medical information. At 7:10 A.M., DSP #1 was observed administering all of client #2's morning medication in the living room while clients #1 and #3 were present. DSP #1 named each of client #2's medications and the purpose of each</p>			W0130	<p>The medication pass area has been moved to an area that ensures privacy for all clients. To ensure future compliance, Service Coordinator will view one med pass monthly for 3 months and periodically thereafter.</p>		08/17/2012

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	<p>medication while the other clients stood in the same room and could hear the medical information. At 7:20 A.M., DSP #1 was observed administering all of client #1's morning medication in the living room while clients #2 and #3 were present. DSP #1 named each of client #1's medications and the purpose of each medication while the other clients sat in the same room and could hear the medical information. There was no training regarding privacy observed during medication administration.</p> <p>An interview with the Nurse was conducted at the facility's administrative office on 7/27/12 at 2:00 P.M.. The Nurse indicated all clients should have privacy during medication administration.</p> <p>9-3-2(a)</p>						

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based upon record review and interview, the facility failed to maintain an accurate accounting system for 3 of 3 clients residing at the group home (clients #1, #2 and #3), for whom the facility managed their funds.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 7/26/12 at 2:15 P.M.. A second request for client #1, #2 and #3's financial records was made. No financial records were available for review to indicate the facility kept an accurate accounting system of client #1, #2 and #3's personal finances.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 7/26/12 at 2:30 P.M.. The SC indicated she did not know where the prior SC kept clients #1, #2 and #3's personal financial records. The SC stated "I don't know where they are." The SC further indicated the</p>		W0140	<p>Service Coordinator will retrain DSPs on timely completion and accuracy of client budgeting. To ensure future compliance Service Coordinator will review client budgets and accounts on a bi-monthly basis and at least monthly thereafter.</p> <p>8/24/12 Service Coordinator will retrain DSPs on timely completion and accuracy of client budgeting. Records will be maintained by each Coordinator in specified location and all Coordinators will have access.</p> <p>To ensure future compliance Service Coordinator will review client budgets and accounts on a bi-monthly basis and at least monthly thereafter. Behavioral Health Director will review record storage and retrieval methods.</p>		08/17/2012	

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	<p>facility managed each client's personal petty cash funds. No further documentation was available for review to indicate an accurate accounting system for client #1, #2 and #3's personal petty cash funds.</p> <p>9-3-2(a)</p>						

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 2 of 3 clients residing at the home (clients #2 and #3), the facility's Qualified Mental Retardation Professional (QMRP) failed to monitor clients' programs in regards to timely revisions and implementation/tracking of program objectives.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 7/26/12 at 2:30 P.M.. The Individual Support Plan (ISP) dated 7/11/12 indicated: "Will learn to make change for up to \$5.00...Will prepare a dessert...Will recite his phone number...Will select correct time of activities after looking at model...Will recite group home name and address...will identify 6 rights of medication." Further review of client #2's record failed to indicate client #2's objectives were monitored by the QMRP for the months</p>		W0159	<p>Service Coordinator will review client goals and sign progress notes monthly. 8/24/12 Service Coordinator will review client goals, monitor for progress or any changes needed at least bi-monthly and sign progress notes monthly. Service Coordinator will submit progress notes to IPC monthly to file in IPP folder. To ensure future compliance, IPC and Service Coordinator will jointly monitor presence of updated progress notes in IPP folders.</p>		08/17/2012	

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	<p>of 4/12, 5/12 and 6/12.</p> <p>A review of client #3's record was conducted on 7/26/12 at 3:15 P.M.. The ISP dated 8/30/11 indicated: "Will continue to make a side dish...will learn the name and purpose of lisinopril." Further review of client #3's record failed to indicate client #3's objectives were monitored by the QMRP for the months of 4/12, 5/12 and 6/12.</p> <p>An interview with the Service Coordinator (QMRP) was conducted on 7/27/12 at 2:20 P.M.. The SC indicated clients' program objectives are to be monitored by the QMRP monthly and immediately entered into the computer database. No further documentation was available for review to indicate the QMRP monitored client #2 and #3's program objectives.</p> <p>9-3-3(a)</p>						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #1) by staff not demonstrating skills and competency to administer medications as prescribed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/24/12 from 6:10 A.M. until 7:40 A.M.. At 7:20 A.M., client #1 received his morning prescribed medications. Direct Support Professional (DSP) #1 administered his "Naproxen 500 mg (milligram) tablet (pain)...1 tablet orally two times a day...Take with food/meal." Client #1 did not take his medication with food/meal. Client #1 did not eat anything during the morning observation.</p> <p>A request for staff training records was made on 7/24/12 at 1:30 P.M.. No training records were submitted for the staff who worked at this group home to indicate each staff were trained on client specific needs.</p> <p>A second request for staff training records</p>		W0192	<p>The Community Service Nurse will re-train the DSP's on following medication orders. To ensure future compliance, the nurse will visit group home monthly for three months and periodically thereafter.</p> <p>The Community Service Nurse will re-train the DSP's on following medication orders. This includes being trained on whether or not medications should be taken with food.</p> <p>To ensure further compliance the nurse will visit group home to view medication pass monthly for three months and at least quarterly thereafter. Community Services Nurse will monitor MAR once it is returned monthly from group home. Service Coordinator will ensure all staff are trained per the Arc NWI policy. Training Records will be submitted to Staff Development staff for filing.</p>		08/17/2012	

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	<p>was made on 7/27/12 at 1:45 P.M.. No training records were submitted for review.</p> <p>An interview with the nurse was conducted on 7/27/12 at 2:00 P.M.. The nurse indicated staff should administer all medications as prescribed. The nurse further indicated staff should follow directions on medication labels on medication packets.</p> <p>9-3-3(a)</p>						

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to have updated Individual Support Plans (ISP) for 1 of 2 sampled clients (client #2), available for all staff who worked at the facility owned day program.</p> <p>Findings include:</p> <p>Client #2's records were reviewed at the day program on 7/27/12 at 10:20 A.M. Review of client #2's record indicated a most current ISP dated 7/20/11. No further documentation was available for review to indicate client #2's current ISPs were available for staff who worked with the clients at the group home.</p> <p>Interview with day program Direct Service Professional (DSP) #6 was conducted on 7/27/12 at 10:25 A.M.. DSP #6 indicated client #2's most current ISP was not available for the day program staff.</p> <p>A review of client #2's record was conducted at the facility's administrative</p>			W0248	<p>Current ISPs for all three clients have been sent to the day program. To ensure future compliance, any time there is a change in an ISP, a copy will be sent to both the home and day program.</p> <p>8-24-12 Current ISPs for all three clients have been sent to the day program. Service Coordinator will inquire about updated documentation when Day Services visits occur.</p> <p>To ensure future compliance, any time there is a change in an ISP, a copy will be sent to both the home and day program. Service Coordinator will visit home and Day Services bi-monthly to monitor.</p>		08/17/2012

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	<p>office on 7/26/12 at 3:30 P.M.. The record indicated a most current ISP dated 7/11/12.</p> <p>An interview with the Service Coordinator (SC) was conducted on 7/27/12 at 2:20 P.M.. The SC indicated the day program staff should have updated ISP for client #2.</p> <p>1.1-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement written objectives during times of opportunity for 2 of 3 clients residing at the group home (clients #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/24/12 from 6:10 A.M. until 7:40 A.M.. At 7:10 A.M., Direct Support Professional (DSP) #1 administered client #2's morning medication. Client did not identify the 6 rights of medication.</p> <p>An evening observation was conducted at the group home on 7/24/12 from 5:10 P.M. until 6:45 P.M.. From 5:10 P.M. until 6:30 P.M., client #2 sat at the dining table with no activity.</p> <p>A facility owned day program observation</p>		W0249	<p>The Service Coordinator will retrain DSPs on implementation of objectives and document training. To ensure future compliance, the Service Coordinator will observe implementation of the program objectives at least monthly for three months and periodically thereafter.</p> <p>8/24/12 The Service Coordinator will retrain DSPs on implementation of objectives and document training. To ensure future compliance, the Service Coordinator will observe implementation of the program objectives at Day Services and Group Home bi-monthly.</p>		08/17/2012	

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	<p>was conducted on 7/27/12 from 10:00 A.M. until 11:30 A.M.. During the entire observation client #3 walked around the workshop with no activity or work.</p> <p>A review of client #2's record was conducted on 7/26/12 at 2:00 P.M.. Review of his Individual Support Plan (ISP) dated 7/11/12 indicated: "Will learn to make change for upto \$5.00...Will prepare a dessert...Will recite his phone number...Will select correct time of activities after looking at model...Will recite group home name and address...will identify 6 rights of medication."</p> <p>A review of client #3's record was conducted on 7/26/12 at 2:30 P.M.. Review of his Individual Support Plan (ISP) dated 7/12/12 indicated he was to participate in doing work while at the day program.</p> <p>The Service Coordinator (SC) was interviewed on 7/27/12 at 2:20 P.M.. The SC stated client objectives should be implemented "during times of opportunity." The SC further indicated clients #2 and #3 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p>						

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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to record accurate data based on individual completed goals.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility owned day program on 7/27/12 at 10:20 A.M..</p> <p>A review of client #2's program goals indicated: "Telling time...Recite phone number." Further review of client #2's record indicated no documentation of attempted/completed goals on 7/19/12, 7/20/12, 7/23/12, 7/24/12, 7/25/12 and 7/26/12.</p> <p>An interview with day program Direct Support Professional (DSP) #7 was conducted on 7/27/12 at 11:20 A.M.. DSP #7 indicated each client's goals should be implemented daily and staff should keep track on each individual goal sheet by documenting as such.</p>			W0252	<p>Staff will be re-trained on documenting goal progress. To ensure future compliance, Service Coordinator will review day program data monthly. 8/24 Staff will be re-trained on documenting goal progress. Service Coordinator will review Day Services data when Day Services visits occur to monitor for completion. To ensure future compliance, Service Coordinator will review day program data at least bi-monthly.</p>		08/17/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G133		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2012	
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	<p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 7/27/12 at 2:20 P.M.. The SC indicated direct care staff should document the clients' goals daily or as written.</p> <p>9-3-4(a)</p>						

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct evacuation drills during the daytime shift (7:00 A.M. to 3:00 P.M.) during the fourth quarter (October 1st through December 31st) of 2011 which effected 3 of 3 clients living in the facility (clients #1, #2 and #3.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/24/12 at 4:25 P.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2 and #3 on the daytime shift during the fourth quarter (October 1st through December 31st) of 2011.</p> <p>The Area Manager (AM) was interviewed on 7/27/12 at 2:45 P.M.. The AM indicated evacuation drills are to be run during each quarter for each shift. The AM further indicated there was no documentation available for review to indicate a drill was conducted for the mentioned shift/quarter.</p> <p>9-3-7(a)</p>		W0440	<p>The Area Manager will retrain staff on evacuation drills to ensure that fire drills are ran during each shift on a quarterly basis and recorded respectively. To ensure future compliance, the Area Manager will monitor fire drill logs monthly and thereafter.</p>		08/17/2012	

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